

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	JCH 1920	12-20-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Indefinite  
 - (Through numeral) ..... Canceled A ..... ALFA  
 + ..... Restricted O ..... Omitted

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If more than 150 claims or 10 additional sheets are required, staple additional sheets.

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BEST AVAILABLE COPY

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Form (Rev)